# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

10f12 committee

Filer Identification Number			Report Filed By Candida ( Mark X)		te Committee			Lobbyist
Name of Filing Committee, Candidate or		Committee to Re- Elect Brenda Williams Nichols						
Lobbyist Street Address			100				(1)1110	010101010
			238 L	0 (000	gress:	5 Code		
City	Co	orry		State	PA	Zip Code	16407	1
Type of Report (Place		- 12 12 12 12 12 12 12 12 12 12 12 12 12		San and the san			,	
1- 6th Tuesday 2- 2					6- 30 Day Post	7- Annual	Special 2 <sup>no</sup> Fr Pre-Election	iday   Special 30 Day   Post-Election
Pre-Primary Pre-F	Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election			Year		Amendment		Termination	
(MM/DD/YYYY)		11-07-2017			Report		Report	
Summary of Receipts	and	From Date	To Date	e	Wellington by	For	Office Use Only	Programme Control
Expenditures		16 74 7		M 341H				
A. Amount Brought Fo	onward Fr	10-24-26		7-2017				ON THE PARTY OF THE PROPERTY CAN
			11.5	89.29				2017
B. Total Monetary Co	ntributio	ns and Receipts	SS	75.00				를 글
(From Schedule I) C. Total Funds Availat	ble		S	72 0				
(Sum of Lines A and B	3)		1119	64.09				REGO -1
D. Total Expenditures			\$ 4	s 474 50				
(From Schedule III)  E. Ending Cash Balance	e.		S	/   4	55-1			
(Subtract Line D from	Line C)		11,4	89,79	STRATION OF THE PROPERTY OF TH			
F. Value of In-Kind Co	ntributio	ns Received		30.00				0 <b>0</b>
(From Schedule II) G. Unpaid Debts and	Obligatio	ns			· O <sub>4</sub> /			
(From Schedule IV)			1 0,8	142,72	7.			
Part 1- If this is a Commi	ittee renor	t treasurer sinn h	pere If this is a Car	Affidavit Se				
I swear (or affirm) that the	his report,	including the atta	sched schedules o	n paper, is to the	best of my knowled	dge and belief t	rue, correct and c	complete.
Sworn to and subscribed	i before me	e this			D.	, \ ,	1	
day of	20	30/1,1	- '1		Lynda	Will	lams	
amarka	Du	( COMMO	NOTAFIAL		Signature LIND	of Person Subn	nitting report ハイかいら	
Signat	cure		Angela M. Burlew,	Notary Public		Printed Nam		
My Commission expires_	09	109/12	City of Corry. E	rie County res Sept. 9, 2018.	814	_4	63-73	34
	MO.	DAY HEMBERS	PERHSYLVANIA ASS	OCIATION OF HOT	Amagode	Da	ytime Telephone	Number
Part II- If this is a report	of a Candid	date's Authorized	Committee, cand	didate shall sign h	ere.			
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.								
7 th	Sworn to and subscribed before me this							
day of	day of 20 20 Signature of Candidate 20 Signature of Candidate							
I CACCAC	Drenagwilliams viewes							
Signat	Aa 1	(QQMMON	WEALTH'OF F	PENNSYLVANI	Avid	Printed Name	7.6MI	M
My Commission expires	U-1/	01/10	NOTARIAL SE	AL _	Area Code	Day	time Telephone N	Jumber
	MO. <i>l</i>		jela M. Burlew, No City of Corry, Erie	County	and code	Day	time reiephone i	
		My Co	mmission Expires	Sept. 9, 2018	c			

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# SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	S	0
All Other Contributions (Part B)	S	0
Total for the reporting period (2)	S	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	S	
All Other Contributions (Part D)	S	545.00
Total for the reporting period (3)	S	575.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	S	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	s	575,00



#### PART A

#### **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Number				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing		- Constitution (Constitution Constitution Co	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributing Committee				Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Con Committee	ntributing	US-852993		Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	_
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	_ \$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	_

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# All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification	n Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		State	Zip code		-
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$

50f12 Committee

### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Numbe	<b></b>			
E-duni-			Dete 1848 (DD 00000   6	
Full Name of Contributing Committee	e ·		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	9	Subsequent Nite	Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	9		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	30000
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		100000000000000000000000000000000000000	Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

## All Other Contributions

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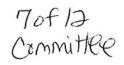
Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor	O 1- 1 A A	2. 1 10	Date [MM/DD/YYYY]	\$
House #   Street A	Patsy A. N	lichois	11-04-2017 Date [MM/DD/YYYY]	300,00
House # Street A	Patsy A. A  ddress  East 5	Street	Date [www.bb/1111]	
Corry	State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name		( Suremental   C		rired
Employer Mailing Address / Principal Place of Business			International resources and a	
Full Name of Contributor	Gyacollo T	10:11:	Date [MM/DD/YYYY]	37500
House #   Street A	Everette J.	Williams	S       -06-2017   Date [MM/DD/YYYY]	a 75.00
1395	Ashwo	od Lane		
City Victor	State	Y Zip Code	Date [MM/DD/YYYY]	S
Employer Name		The state of the s	Occupation Re-	fired
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	S
House # Street A	ddress		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			The state of the s	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street A	ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		ANALIS SEE	Occupation	
Employer Mailing Address / Principal Place of Business			T 0001110000000000000000000000000000000	

# Other Receipts



REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	per:
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	Total Control
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	

#### **SCHEDULE II**

Pof 12 Committee

#### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
4 LINUTEN ALTERNIA VIND CONTRIC	NUTIONO DECEMED VAL	ALLIE OF ACO OD LEGO DED CONTRIBUTOR	
TOTAL for the reporting period	(1)	ALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
	V-7		
2. IN-KIND CONTRIBUTIONS RECE	EIVED-VALUE OF \$50.01	01 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$ 330.00	
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250	50.00 (FROM PART G)	4.77
TOTAL for the reporting period	(3)	s O	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)			

## 90fla Committee

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor	Matthew E.	Kellogg	Date [MM/DD/YYYY]	30.00
609	Matthew E. Spring	Street	Date [MM/DD/YYYY]	\$.
Corry	State	Zip Code   ICAOM	Date [MM/DD/YYYY]	\$
Description of Contributio	" T-Shi	rt5		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contributio	n	(Security Security Se		and the second
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contributio	n	and the second s		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contributio	n.			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contributio	n			



#### SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:			
and a constant second literature of the	34010-11-1-201-20-1-1-2		
Full Name of Contributor			Date [MM/DD/YYYY] \$
Therea # I have a second			Date IAMA/DD WWWI
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of
Trace of business			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
11			Data (MMA/DD 00000)
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		PERONE VERLE CON	Occupation
Employer Mailing Address / Principal			Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Elekariski Elekariski	ATTHER DESIGNATION	Occupation
Employer Mailing Address / Principal	32 F		Description
Place of Business			of Contribution
Full Name of Contributor	ED.		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
	01-1-1	Tin Codo	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [iviivi/ DD/ 1111]
Employer Name			Occupation
Employer Mailing Address / Principal			Description
Place of Business			of Contribution

110f12 Committee

# SCHEDULE III

	Statement of Expenditures
Filer Identification Number:	

80	NAMES OF TAXABLE PARTY.	SWEEKS SIEKS	VALENCE CONTRACTOR (CARENCE )	CHARLEST WATER BOOK FROM		
15	To Whom Paid		choles are established the		D-4- [MANA/DD (0000/1   6	
	io wnom Paid	Comme	0 (f	aid by Check '	Date [MM/DD/YYYY] \$	2. 2.60
(3)		COLLA	ournal (	Paid by Check From Committee Acc	11-4-2017	303.00
3	House #	Street Address	In Carl	n stront	Description of Expenditure	
-	City		State   So	717		
	" Cor	rV	State PA	Zip Code 16407	1 Ads	
187	To Whom Paid	1	是認識的學術學	1010	Date [MM/DD/YYYY] \$	
CO. 568	io wilom Falu	Cockel	T-11000		The second secon	71 57
X.		Corry	Towral		Description of Expenditure	36.50
	House #	Street Address '	W South	Street	Description of Expenditure	
0	City City	有限的证明的证明的	State	1071 D 10910 1011		<b>学</b> 专员公共国
85	Carr	V	PA	Code 16407	I Ad	
38	To Whom Paid	Y	KEEPSCHEEPE	1010	Date [MM/DD/YYYY] \$	
	o whom raid	Corry	Tournal		THE RESIDENCE OF THE PARTY OF T	12500
X	1		Jow 4 402	-	11-06-2017	
	House # 20	Street Address	W South	Street	Description of Expenditure	
-	City C	656.45566656	State OA	7interaction		
		$\sim$	PA	Code 16407	Ads	
30	o Whom Paid		ROSPASHORNA	10 10 1	Date [MM/DD/YYYY] \$	CALL SANGHISMAN CALL
107	o willom raid				Dute [WIND DD/ 1111]	
127 1774	Jours #1	0			Description of Expenditure	20 KS 02 P 54 P 66 V 572 C 7 F
	louse #	Street Address			Description of Expenditure	
C	City	(ALMOST ALCOHOLOGICAL)	State	Zip	MERSONAL ENGINEERING	A 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
			No. 20 August	Code		
e T	o Whom Paid		BULLY HEROTE AND THE PERSON AND THE	MINICAL REPORT 10	Date [MM/DD/YYYY] \$	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
91	louse #	Street Address			Description of Expenditure	
	louse #	Street Address			Description of Experialture	
C	City	R182132MB9(426)	State	Zip	HOLD DO THE TERROL (MICH PETER MICH ELSEN)	2014年1月20日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1
海	14.00			Code		
17	o Whom Paid		No. of Contrast of		Date [MM/DD/YYYY] \$	
22	louse #	Street Address			Description of Expenditure	
	louse "	otteet Address				
C	City	HI-FARE IN CHES BOTH AND IN	State	Zip	Message on the Committee of the Committe	A COLOR DE MANTE DAVIS DE L'ANCIONE
10	And Salah Salah			Code		
aT.	o Whom Paid		March College		Date [MM/DD/YYYY]   \$	
1	louse #	Street Address			Description of Expenditure	
365						
C	City	128181-77221-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	State	Zip		
	April 1			Code		
I	o Whom Paid				Date [MM/DD/YYYY] \$	
11	House #	Street Address			Description of Expenditure	
200						
C	City		State	Zip		
55	50.00		1997/201	Code		

A = Paid by Candidate as Loan to the Committee

#### **SCHEDULE IV**

**Statement of Unpaid Debts** 

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Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Creditor	Committee to Re-Elect Brenda Williams Nic Quistanding Balance of Debt
House #	Treet Address DATE DEBT INCURRED \$
38	W (ongress St 11-04-2017 [Note debt b/c]
City	(OII) State PA Code 1/407 Paid cut of Committee and
Description of Debt	Ads for Corry Journal-Committee Paid for W/Check
Name of Creditor	Brenda Williams Nichols Outstanding Balance of Debt
House # 99 (g	treet Address  DATE DEBT INCURRED  S  IMM/DD/YYYYI
City	N (enu) Street 11-63-2017 36.50
	Corry State PA Zip Code 16404
Description of Debt	Loan to Committee for Ad
Name of Creditor	Brenda Williams Nichols Outstanding Balance of Debt
House #	treet Address DATE DEBT INCURRED \$
<b>在</b> 基本的	N Center Street 11-06-2017 135.00
City	Corry State PA Zip Code 16407
Description of Debt	Loan to Committee for Ad
Name of Creditor	Outstanding Balance of Debt
House #	treet Address  DATE DEBT INCURRED  [MM/DD/YYYY]  Total Debt
City	3,842.72 -1,944.35 paid
Description of Debt	Code 895.37 and
	#895.3 1 is how much can addate is in debt
Name of Creditor House #   Si	after closing committee account  Outstanding Balance of Debt  DATE DEBT INCURRED  \$
nouse# 51	treet Address  [MM/DD/YYYY]
City	
Description of Debt	Code
Name of Creditor House #   St	Outstanding Balance of Debt
31	[MM/DD/YYYY]
City	State Zip.
Description of Debt	Code